

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>SEIU COPE (Service Employees International Union Committee On Political Education)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00004036	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>NG Slater Corp</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 22 / 2016</b>		
Mailing Address 42 W 38th St Ste 1002			Amount <b>288.05</b>		
City New York	State NY	Zip Code 10018	Transaction ID : <b>D364202</b>		
Purpose of Expenditure Estimated Cost: Buttons		Category/ Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 22 / 2016</b>		
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>WA</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>NG Slater Corp</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 23 / 2016</b>		
Mailing Address 42 W 38th St Ste 1002			Amount <b>138.00</b>		
City New York	State NY	Zip Code 10018	Transaction ID : <b>D364203</b>		
Purpose of Expenditure Estimated Cost: Buttons		Category/ Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 23 / 2016</b>		
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>426.05</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Michael P. Fishman

[Electronically Filed]

Date

MM / DD / YYYY  
**03 / 25 / 2016**

Signature